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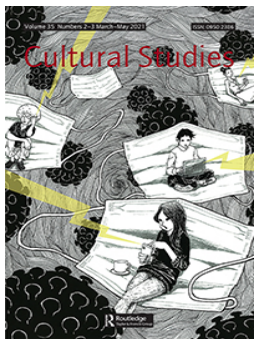
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Following the science? Covid-19, ‘race’ and the politics of knowing

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ABSTRACT

The UK government has consistently claimed to be ‘following the science’ in its approach to the pandemic but this claim conceals complex and shifting entanglements of politics and science. The instability of the relationship between politics and science became increasingly visible around the unequal vulnerability of racialized minorities to infection and death from Covid-19. How and when Black and other minoritized deaths matter has become the focus of UK governmental efforts to delay and deflect, in what has been claimed to be the ‘best country in the world to be a black person’. Rather than the rule of Science, what the pandemic reveals are the conjunctural contested articulations of science(s) and politics.

KEYWORDS Science; politics; ‘race’; ‘BAME’ deaths; conjuncture

This is an unprecedented global pandemic and we have taken the right steps at the right time to combat it, guided at all times by the best scientific advice.

(UK Government spokesperson quoted in the *Guardian*, 22 May 2020, p. 15)

Covid-19 has been both universal and particular: it has connected places around the world in new configurations, breaking established flows and installing new ones. Responses to it have taken distinct national and local forms as governments attempt to manage, control or even ignore the threats to their populations. Here I concentrate on some of the particular political-cultural dynamics of the United Kingdom (while recognizing that its different constituent nations have taken some diverging routes). In particular, I focus on the relationship between science and politics in the response to the pandemic, the racialized inequalities of vulnerability and their interweaving with the insistent claim that ‘Black Lives Matter’.

The pandemic – and governmental reactions to it – have evoked many critical responses. Perhaps one of the most far-reaching is Giorgio Agamben’s

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claim that ‘the threshold that separates humanity from barbarism has been crossed’. He argued that this transition results from the drive of science to ‘split the unity of our vital experience, which is always inseparably bodily and spiritual, into a purely biological entity on one hand and an affective and cultural life on the other.’ This split has been enabled by ‘The Church above all, which, in making itself the handmaid of science, which has now become the true religion of our time, has radically repudiated its most essential principles.’ (2020, p. 4). In the UK, as the opening quotation shows, the claim to be ‘following the science’ has been a recurring theme of the government’s approach. This would appear to confirm Agamben’s view of the pandemic as enabling the rule of the ‘religion of science’.

And yet, I am troubled by two things. First, my experience of the coronavirus lockdown feels strangely different to Agamben’s: mine has featured contestation, controversy, outrage and diverse social and political responses. Second, it is not long since attention was being focused on the rise of an anti-intellectual populism in Europe and parts of the Americas. This odd conjunction makes me wonder – and worry – about excessively abstracted conceptions of both science and politics in the face of their currently shifting articulations. Four years ago, many people (including me) were exploring the crystallization of contemporary populist politics around ‘anti-expertise’ and ‘anti-science’ arguments in favour of the wisdom of common sense. The position was crisply expressed by the UK Brexit enthusiast and MP Michael Gove in his claim that ‘The British People have had enough of experts’ (<http://www.telegraph.co.uk/news/2016/06/10/michaelgoves-guide-to-britains-greatest-enemy-the-experts>; see also Clarke and Newman 2017). In many places, the emergence of what Maskovsky and Bjork-James (2019) have called ‘angry politics’ was accompanied by a distinctive strain of ‘epistemological populism’ whose continuing effects remain unevenly visible, in Jair Bolsonaro’s Brazil or in the daily psychodrama of Donald Trump’s fraught relationship with expertise. Yet in the UK, those politicians who once formed the avant-garde of anti-elitist ‘common-sense’ have consistently claimed to be ‘Following the Science’ during this current crisis.

1. Entangling science and politics

This performative deployment of Politics doing the bidding of Science, as if both formations were coherent and singular objects, was recurrently accompanied by a manly rhetoric of ‘Having a Plan’ (often associated with ‘straining every sinew’ or ‘working day and night’ to make it come true). However, this proclaimed unity of science and politics became increasingly unsettled, pulled in different and diverging directions (see Bacevic 2020). Instead, we saw the increasingly fraught entangling of science and politics, with politicians claiming to be merely ‘following the science’ while scientists

complained about being put into a ‘political situation’. At one point, Prime Minister Johnson refused to allow government scientists to answer what he defined as ‘political questions’, specifically about the conduct of his special advisor, Dominic Cummings, in relation to the lockdown rules advocated by the scientists. Among the emerging tangles were:

- The heightened public visibility of science as plural, contestable and incomplete;
- A combative assertion of the ‘scientific method’ as involving errors, doubts, arguments and probability;
- The sudden disappearance of international comparative mortality data when it became clear that the UK was ‘world beating’ in its failures (Jones 2020);
- A proliferation of sciences and scientists, and a complex dynamic of inclusion and exclusion of types of science;
- A renewed enthusiasm for those sciences clustered around ‘techno-determinism’ as the solution to our troubles (for example, in contact tracing) and the relative absence of ‘social’ sciences;
- And, not least, shifts in which modes of knowledge are valued or excluded. For example, ‘experience’ based knowledge rarely appears in the policy process but had profoundly disruptive effects in news reports which juxtaposed governmental claims about Protective Personal Equipment (PPE) and accounts from front line workers.

These shifting configurations feel very different from the conception of Science and Politics on offer in a range of critical approaches – in which, to put it crudely, *everything is political* and needs to be revealed as such. Collectively, we have demystified Science, Scientism and the dominant apparatuses of knowledge, justification and calculation – the power-knowledge couplings of our age. But this foundational view of things being political makes it difficult to explore the specific and shifting conjunctural articulations of politics and science.

2. Who gets to die?

Despite governmental claims that ‘we are all in this together’ (an established Conservative trope), COVID-19 turned out to be anything but an even-handed pandemic. Rather, its impact has been profoundly unequally distributed: in the UK, it has disproportionately affected older people, poor people, people working in low paid but ‘essential’ occupations (from health and social care to the food chain), and people who are not ‘white British’ (in census category terms). These are, obviously, not separate categories: racialized minorities in the UK are more likely to live in poverty, to be concentrated in low paid employment and form a disproportionately large part of the

health care and social care workforces. Their vulnerability to the virus forms an all too predictable outcome of a pandemic traversing the biopolitics of a racially structured capitalist social formation. This is hardly unique to the UK, but there are distinctively national features of how such biopolitics are translated into policies, practices and, not least, systematic political amnesia.

These unevenly distributed deaths came to public – and eventually political – attention at the intersection of two dynamics: first, the distinctively urban concentrations of the early weeks of the UK pandemic (London and urban centres in the West and East Midlands, all with significant racialized-minoritized populations) and second, the astonishingly visible – literally through the regular publication of their photographs – deaths of ‘front line’ health and care workers who were disproportionately ‘not white British’. As a result, the country became familiar with a distinctive acronym: these were ‘BAME [Black, Asian and Minority Ethnic] deaths’. Politicians, health experts, newsreaders and journalists struggled to sound confident in deploying this term which had emerged as a government nomenclature to manage the problem of naming the UK’s many Others, offering a broad category, rather than multiple racialized ethnicities. It remains a contested term and has not been adopted as an active identity or form of self-naming (see *inter alia*, Aspinall 2002, Okolosie et al. 2015). But as an administrative category, it provided a way of naming evident coronavirus-related inequalities.

As news reports and comments by health workers multiplied, a picture of systemically skewed mortality rates emerged. Alongside – and interwoven with – other problems in pandemic governance (e.g. the slow and inadequate supply of PPE to health and social care workers), a story began to take shape about who was dying from COVID-19, centring on its disproportionate concentration among racialized minorities. By the beginning of May 2020, reviews of mortality rates indicated systematic differences (e.g. the Centre for Evidence Based Medicine 2020). The government eventually established an inquiry into BAME death rates. Its report revealed what was already known – and indeed had precipitated the call for an inquiry in the first place: BAME people were dying disproportionately from Covid-19. The report (PHE 2020a) showed that BAME people were twice as likely as white people to die after contracting Covid-19 but was greeted with an angry response for its failure to address the causes of the disparities or propose solutions.

After many critical reactions – ranging from the Muslim Council of Great Britain to the British Medical Association – the government agreed to publish a range of responses and suggestions collected during the consultations undertaken to produce the original report (PHE 2020b). This report was published to relatively greater approval, not least for acknowledging the possibility that ‘historic racism’ and ‘social inequality’ might be contributing factors to BAME mortality rates, and the government faced demands that its recommendations be implemented immediately. In a strange side-step,

the government called the report ‘a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities’ and announced that it would be taken forward via a further review to be led by Equalities Minister, Kemi Badenoch. To many, this looked like yet another postponement, a strategy wholly in keeping with established governmental responses to questions about systemic or institutional racism.

3. When do Black lives matter?

By this point, the killing of George Floyd by Minneapolis police officers on May 25th had triggered new Black Lives Matter protests in the US, UK and well beyond. In the process, the issue of BAME coronavirus deaths became folded into a wider politics of ‘race’ and death. As many recognized, George Floyd’s last words struck uncanny echoes in the moment of coronavirus: ‘I can’t breathe’ conjoined different forms of systemically racialized oppression and vulnerability (see, for example, Okri 2020). In the UK, it connected health inequalities with mobilizations around symbols of colonial history, the continuing effects of the UK’s ‘hostile environment’ policies directed at migrants (Gentleman 2019) and the contemporary policing of black and other racialized communities (involving, for example, the use of stop and search powers or Tasers). However, in a parliamentary debate, Kemi Badenoch (the Minister for Equality) insisted that:

[L]et us not in this House use statements like ‘being black is a death sentence’, which young people out there hear, don’t understand the context and then continue to believe that they live in a society that is against them. When actually this is one of the best countries in the world to be a black person. (Brewis 2020)

This response was greeted with some scepticism, and suspicions about the government’s framing of BAME deaths intensified when the Prime Minister announced a new wider investigation: a Commission on Race and Ethnic Disparities. The announcement provoked outrage for several reasons. One was its effective postponement of any immediate action in the current crisis. A second was the catalogue of previous investigations, studies and reports in which racialized inequalities had been reviewed, but with little or no effect on policy or practice (see, *inter alia*, Lammy 2020). A third was that the government advisor made responsible for establishing the new Commission (Munira Mirza) had previously insisted that claims of ‘institutional racism’ were ‘a perception more than a reality’ and that anti-racist lobby groups and diversity policies encouraged people to ‘see everything through the prism of racial difference’ (Stone 2020).

The evidence about unequal infection and death rates for Black and other racialized-minoritized groups has been firmly – and, indeed, multiply –

established. What remains contested is how to account for these inequalities, with diverse explanatory frameworks swirling around. Some of these cluster in the realm of the biological: BAME groups have higher levels of ‘co-morbidities’ (diabetes, cardiovascular disease) and may also have lower levels of Vitamin D which may increase vulnerability to infection. And, not surprisingly, a search continues for the mysterious and elusive ‘genetic factor’ that may account for differences (as scientific racism makes another comeback: Saini 2019). A second cluster forms around what might be called the socio-cultural sphere, noting that BAME groups tend to live in overcrowded households in more densely populated areas; many live in multi-generational households and practise communal behaviours (from eating to worship) that may contribute to virus transmission. Some also have purported cultural ‘flaws’ (such as poor English language skills) that allegedly make them immune to public health messages rather than the virus.

This cluster slides into a third which offers a more structural sense of inequality, though often couched in administrative terminology: deprivation, poverty, unequal access to public goods such as housing, health, education and what might be called ‘situational racisms’ (in workplaces, on the streets, etc.) and the effects of what PHE carefully called ‘historic [i.e. as opposed to contemporary] racism’. Finally, individuals and organizations have increasingly demanded attention to the place of institutional, systemic or structural racism in organizing the lives and deaths of these groups. However, it seems likely that prolonged governmental processes of quantifying, acknowledging and denying will bracket the question of whether Black lives matter for the foreseeable future.

4. Which racism is this?

The first report from the government’s Race Disparity Unit in October 2020 reasoned its way delicately around the question of racism and its effects, arguing that

After taking into account the COVID-19 mortality rate in each local authority, controlling for population density, and adjusting for deprivation and socioeconomic position, household composition and occupational exposure, health and disability at the time of the 2011 Census – the *excess risk of mortality* from COVID-19 compared with that of the White ethnic group was reduced for all ethnic minority groups, especially for Black and the combined Pakistani and Bangladeshi ethnic groups. (RDU 2020: 54 – pages unnumbered in original; my emphasis)

This idiosyncratic view of an ‘excess’ that might be associated with racism after all manner of other socio-economic dynamics have been taken into account both deflects and defers the question of what racism is and how it works. By contrast, arguments about structural racism view ‘population

density, deprivation, and socioeconomic position, household composition and occupational exposure, health and disability' as intimately and intrinsically connected to the racialised dynamics of the society. A rather different report, commissioned by the Labour Party from Baroness Doreen Lawrence, argued that:

Covid-19 has thrived on structural inequalities that have long scarred British society. Black and minority ethnic people are more likely to work in frontline or shutdown sectors, more likely to live in poor quality or overcrowded housing and more likely to face barriers to accessing healthcare. Biological factors do not explain the disparity in deaths and infections; Black, Asian and minority ethnic people have been overexposed to this virus.

... Throughout this review, we heard a real sense of frustration that despite the causes of racial inequality being well known, and report after report making recommendations on how to tackle it, little action has been taken. Over the last three years, there have been numerous Government-led reviews, which have cumulatively made over 200 recommendations which could significantly change the experiences of Black, Asian and minority ethnic people in the UK. Yet few of these recommendations have been taken forward effectively. (Lawrence 2020, pp. 24–25)

Forms of knowledge, in this context as in others, have both political affiliations and effects: they are consequential. But these are rarely simple alignments: they shift and they require political work to establish and stabilize their articulations. In the end, I think attention to the conjunctural entanglements of science and politics are more productive than epochal statements about our condition, such as Agamben's. Better to think about the shifting alignments of what counts as political and non-political (including 'Science'), following Rancière's suggestive observation that 'politics is a way of re-partitioning the political from the non-political' (2011, p. 4). This boundary is a necessarily mobile and contested one, where we encounter the articulations of knowledge, power and politics in shifting – and contested – formations. A Foucauldian conception of power/knowledge in which forms of power are constructed, legitimized, and enacted in specific assemblages of agents, practices and technologies offers a productive framing, especially when different forms are viewed as overlaid and articulated (e.g. Isin and Ruppert 2020). However, this needs to be supplemented by a conjunctural view of such shifting formations which explores the ways in which articulations of knowledge, power and politics are always particular to specific moments of time-space – as are the challenges and contestations that they encounter (Newman and Clarke 2018).

Both Covid-19 and the responses to George Floyd's killing have reminded everyone (with some notable exceptions) about the entangled character of the world and where we live and die. But they have also reminded us about the continuing salience of national spaces – including the contradictory roles occupied by national governments and their involvement in political mobilization and de-mobilization. For me, that means giving attention to the

overlapping and accumulating crises, contradictions, constructions and contestations that create what Gramsci – in a compelling image – called ‘a series of unstable equilibria’. In those unsettling dynamics, established formations of knowledge, power and politics are also at stake. At such moments, ‘race’ and the politics of (not) knowing form vital points of connection and disjuncture among the different social forces that are being mobilized (or immobilized).

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Further information

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